

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) no such applications have been filed.
(e) such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. S 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUM- BER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>



3739

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Edwards et al. Docket No.: 9222.16792-CON
Serial No.: 09/911,874 Examiner: M. Peffley
Filed: 24 July 2001 Group Art Unit: 3739
For: GERD Treatment Apparatus and Method

Commissioner for Patents
Washington, DC 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

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STATUS

2. Applicant is

a small entity

other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the: Commissioner of Patents, Washington, DC 20231.

Linda S. Wenzel

Type or print name of person mailing paper

Linda S. Wenzel

(Signature of person mailing paper)

Date: 31 March 2003

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(c)*	82	-82 =	0	x \$ 9.00	\$0	\$0
Independent Claims (37 CFR 1.16(b)**	4	-2 =	2	x \$ 42.00	\$84	\$168
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(d))				\$140.00	\$0	\$0
Total Additional Fee					\$84	\$168

* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: *"After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).*

(complete (c) or (d) as applicable)

(c) No additional fee for claims is required.

OR

(d) Total additional fee for claims required \$ 84.00.

FEE PAYMENT

5. Attached is a check in the sum of \$ 729.00 (includes IDS transmittal).

Charge Account No. _____ the sum of \$ _____.

A duplicate of this transmittal is attached.

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FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. If any additional extension and/or fee is required, charge Account No. 06-2360.

AND/OR

If any additional fee for claims is required charge Account No. 06-2360

Patricia A. Limbach
SIGNATURE OF ATTORNEY

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service, postage prepaid, in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on 16 May 2002.

Date 16 May 2002

By

Judith Dunaway
Judith Dunaway